

U.S. DEPARTMENT OF THE INTERIOR
U.S. Geological Survey

INDIVIDUAL VOLUNTEER SERVICES AGREEMENT

1a. Name of Volunteer (print or type)	1b. Social Security Number	1c. Date of Birth
1d. Address (include zip code)		1e. Home Telephone Number (include area code)
2a. Person to Notify in an Emergency		2b. Relationship to Volunteer
2c. Address (include zip code)		2d. Telephone Number (include area code)

3. **Agreement by Volunteer:** I offer and agree to perform the services described below without compensation to assist the U.S. Geological Survey (USGS), in accord with the following understandings:
- a. I will contribute my services from _____ (date) to approximately _____ (date).
 - b. This volunteer service will not confer on me the status of a Federal employee; however, while acting within the scope of this Agreement, I am covered under the provisions of the:
 1. Federal Tort Claims Act, which protects a Federal employee from liability for injury or damage to others while the employee is acting within the scope of his or her duties, and
 2. Federal Employees Compensation Act, which authorizes compensation for work-related injury.
 - c. If I am less than 18 years old, my parent or guardian consents to this Agreement by signature below.
 - d. I understand the health and physical conditions requirements for performing the services described in item 4 below, and certify that I know of no physical condition or limitation that may adversely affect my ability to perform these services.
 - e. Either I, or the USGS may terminate this Agreement at any time by notifying the other party in writing.
 - f. Because volunteers are not Federal employees, their volunteer service will not be creditable for leave accrual, retirement, or other benefit purposes if they later accept a Federal appointment.

Signature of Volunteer _____ Date _____

Signature of Parent
Or Guardian _____ Date _____
(if volunteer is under 18)

4. **Project Description (attach an additional sheet as necessary):**

USGS Project Supervisor _____ Title/Position _____

Divison/Office/Location _____ Telephone _____

Organizational Code _____

5. **Agreement by USGS:** Under the authorities of Public Law 99-591, Public Law 100-202, and current Department of the Interior Appropriations Act, the USGS accepts this offer. While this Agreement is in effect:

- a. The volunteer is covered by the provisions of the Federal Tort Claims Act and the Federal Employees Compensation Act.
- b. The USGS will provide for such materials, supplies, equipment, support services, and facilities as are needed and are available to accomplish this project, except as may be specified in an attachment, marked _____.

Signature of USGS Official _____ Name (print or type) _____

Title/Position _____ Office/Location _____ Date _____

6. **Time and Attendance:** The volunteer must maintain a timesheet to ensure coverage in case of injury and to verify creditable experience for employment purposes.

7. **Additional information:**

- a. Volunteer Source (be specific) _____
- b. USGS Retiree ☐ Yes ☐ No ☐ Yes ☐ No
- c. Scientist Emeritus ☐ Yes ☐ No
- d. Faculty ☐ Yes ☐ No School _____
- e. Student ☐ Yes ☐ No School _____

8. **Termination of the Agreement:**

- a. Total number of hours contributed by the volunteer _____
- b. This Agreement was terminated on _____ (date)

Signature of USGS Official _____ Signature of Volunteer _____

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (5 U.S.C. 552a): 5 U.S.C. 301 authorizes collection of information requested on this form, and Executive Order 9397 authorizes use of social security numbers to identify individual personnel records. The personal data will be used when emergency contact is necessary. Furnishing this information, including the social security number, is voluntary, but failure to provide may result in nonacceptance as a volunteer.

**United States Department of the Interior
U.S. Geological Survey**

EMERGENCY CARE FOR MINORS

IMPORTANT: ORIGINAL FORM MUST ACCOMPANY CHILD

In case of emergency, U.S. Geological Survey representative(s) will contact the worksite Federal Occupational Health facility or A911* or other local emergency response number. Every attempt will be made to contact a parent/guardian or designated emergency contact.

CHILD's Name _____ **Date of Birth** _____
SSN _____ **Home Phone** () _____
Home Address _____
Child Resides With () **Father** () **Mother** () **Both** () **Guardian**

FATHER's Name _____
Address _____
Home Phone () _____ **Work Phone** () _____
Car Phone/Pager _____

MOTHER's Name _____
Address _____
Home Phone () _____ **Work Phone** () _____
Car Phone/Pager _____

GUARDIAN's Name _____
Address _____
Home Phone () _____ **Work Phone** () _____
Car Phone/Pager _____

IN CASE OF EMERGENCY, IF PARENT(S)/GUARDIAN CANNOT BE REACHED, CONTACT:

Name _____ **Phone** () _____
Name _____ **Phone** () _____

Additional Information:

Name of Health Insurance Company _____
Policy/Group/Employee Number/HMO Number (if applicable) _____
Name of Child's Physician _____ **Phone** () _____

Medical Information (Check any current health conditions):

_____ allergies (be specific)	_____ hemophilia
_____ foods _____	_____ physical disability (be specific)
_____ medicines _____	_____ respiratory problems (be specific)
_____ bee sting/insect _____	_____ seizures
_____ other _____	_____ vision problems (be specific)
_____ asthma	_____ glasses _____ contacts
_____ cancer	_____ other (be specific) _____
_____ diabetes	
_____ hearing problems _____ hearing aid	
_____ heart problem (be specific) _____	

List all medications and dosages the child receives on a continual basis:

The U.S. Geological Survey has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to (1) a Federal Occupational Health facility, when immediately accessible; or (2) the emergency room of the nearest hospital; and the Federal Occupational Health facility and/or hospital and their medical staffs have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

PARENT/GUARDIAN SIGNATURE

DATE

LOG OF HOURS WORKED (VOLUNTEER SERVICES)

NAME: _____ WEEKS OF: _____ AND _____

FIRST WEEK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	
	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	

TOTAL HOURS WEEK ONE _____

SECOND WEEK

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	
	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	TOTAL _____	

TOTAL HOURS WEEK TWO _____

REMARKS:

Supervisor's Signature

Date

THANK YOU FOR ALL YOUR HARD WORK!!!!!!